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Original Communications.

Diagnoses Mirabiles and Report of a Case of Chronic Cystitis.

By D. A. SHEFFIELD, M. D., APPLE RIVER, ILL.

Upon opening the September number of THE KANSAS CITY MEDICAL JOURNAL, the first article, on Chronic Cystitis, by Dr. Lewis, met my eye and at once engaged my attention, mainly because I have just completed the treatment of a similar case, which I will detail.

Mrs. H., aged forty-two years; Irish; four years ago was confined, and after an exhausting labor of twelve hours, was delivered by the use of forceps. From this she apparently recovered, but within a few weeks began to suffer great pain in the pelvic region, with frequent discharges of small quantities of urine, highly colored and of disgusting smell. Intense pain was experienced in passing urine, which the patient likened to "labor pains, only lower down." A physician was called, who, in his sober moments, ought to have known, or ascertained the cause of the difficulty, but who, without any special examination or investigation, pronounced the case one of "falling of the womb," and introduced a closed lever pessary, giving at the same time something internally—but what it was is not known, as the gentleman has recently died, *a sot*. However, neither the pessary nor medicine had the looked-for and assured effect of relieving the woman; and another medical man, who possesses an immense local celebrity for curing all the ills human flesh is heir to—especially the female portion of human flesh—was called to the case. Probably "taking his cue" from what was told him of the diagnosis of the former attendant, No. 2 gave medicine, without informing the patient or her friends what his opinion was. At the end of a week he again

visited the patient, and this time came with a full armament of speculums, sounds, caustic-holders, sponge tents, etc., doubtless with a full determination of settling the precise nature of the trouble, and—making a display.

A speculum examination was made, and as the result the woman was informed that she had ulceration of the womb, and that the copious discharge of mucus that took place upon micturition was nothing more nor less than a "breaking of the ulcers about the mouth of the womb." In its proper place I should have said that, previous to calling No. 2, the patient had removed the pessary, which had caused her perfect agony from the time of its introduction until its removal a week afterwards. Attendant No. 2 continued to apply caustic to the os uteri week after week, but the patient, instead of being relieved of the discharge "from breaking of the ulcers," became more and more debilitated and the discharge more profuse. About this time, while passing water, the stream would frequently be suddenly stopped, but the desire to evacuate continued, and by strong expulsive efforts a clot of coagulated mucus was generally expelled and relief obtained. Phosphatic deposits in great quantities, some as large as a grain of wheat, were continually to be found in the voided urine, hundreds of which were collected by the patient, washed and placed in a vial for the inspection of her medical attendant, who never, it seems, allowed such trivial concomitants of disease to enter into his calculations, nor influence his judgment.

At last the patient became foolishly (?) clamorous for relief, when she was gravely informed by the attendant that her disease had developed into cancer of the uterus, and that he could do nothing further for her relief except to open her abdomen and amputate the whole neck of the womb. This intelligence fell upon the patient and her friends like a thunderbolt, and they were naturally very much alarmed; and at the idea of such

an operation they were greatly shocked—so much so, that after due deliberation and consultation, they refused the only means of cure the physician held in his hands, the patient expressing a preference for dying naturally, rather than being “butchered.”

Hereupon No. 2 abandoned the case. Several months elapsed, during which time the woman was without *scientific* treatment, but managed to barely live by the use of enormous quantities of apts. nit. dulc. After an absence of some years, I at this time returned to this locality, and having been her medical attendant in former years, I was consulted, not with the hope that I should be able to cure “the cancer,” but it was thought I might prescribe something for the woman’s relief. Her husband came to me in the evening and gave me a rather minute account of the case and its previous treatment. Of course I could come to no definite conclusion nor give an intelligent opinion, without an examination of the case, neither could I entirely get my mind cleared of the cancer idea; but I did conclude, and so told the husband, that her sufferings were dependent upon Chronic Cystitis, and gave a powder of one-third of a grain of morph. sulph., to be given to the woman at bedtime, promising to see the case in the morning. Supposing that the last attendant had made a correct diagnosis of the case, I could not account satisfactorily to my own mind for the severe cystitis, except on the supposition that carcinoma had also attacked the bladder.

Thus, with my mind entirely unsettled and unsatisfied, I visited the patient, expecting to find the *cancerous cachexia* prominent, but to my surprise I only found a naturally obese person quite reduced in flesh, pale and very nervous. On close inquiry, I ascertained that the menstrual function was normal; appetite good, “excepting when the sand was passing,” as the patient expressed herself; only slight elevation of temperature during a paroxysm of intense pain; but with a constant, burning thirst.

The uterus was first examined, which was found in its natural position, without evidence of present or former disease. The vagina was sound throughout its whole extent, except within the lips of the vulva,

where it seemed to be irritated by the dribbling urine.

The bladder was next explored by introducing a metallic catheter, which passed readily enough until it arrived at the prostate, when intense pain was experienced; and at this point the patient claimed that she had been “almost killed entirely” by the pessary she had formerly worn.

The catheter drew off a small quantity of urine, when its eyes became clogged with mucus, necessitating its removal and cleansing. Again introduced, the bladder was emptied, and a sound revealed its interior very rugous throughout, and exquisitely sensitive.

This examination cleared my mind of all doubt relative to the nature of the complaint, and I settled at once upon a plan of treatment, as follows: The catheter was again introduced and a small syringe adapted to its open end. By this means one ounce of a solution of argent. nit. cryst., \mathfrak{Zi} , aqua pura, f. \mathfrak{Zi} , was injected into the bladder, and retained there by plugging the catheter. After five minutes the plug was removed and the solution allowed to pass off, after which the bladder was completely filled with moderately warm water. The patient expressed a sense of immediate relief, and enjoyed comparative comfort for three weeks afterward, when, some of the symptoms yet remaining, the operation was repeated. No other medication has been resorted to except the use of *lager beer*, and that for its diuretic effect.

Two months have now elapsed since the last injection of the caustic solution, and the woman regards herself well. No more phosphatic deposits appear; no more mucus flocculi are to be found in the urine. The intense, burning thirst assuaged entirely after the first injection. The woman is now able to retain her urine during the whole night; whereas before the use of the solution of nitrate of silver she was compelled to arise for the purpose of voiding her water as many as fifty times in a single night.

Shortly after the gravelly deposit ceased to appear, a small abscess made its appearance on the *labia majora* of the right side, near the *clitoris*, which upon being opened, discharged pus, and a number of small fragments of “triple phosphates.” Trouble was

looked for from the formation of a urinary sinus, but not a drop of urine appeared, and I feel certain that as the small gravelly fragments ulcerated their way through the prostate and the other tissues around the neck of the bladder, nature rapidly repaired the injury and thus prevented the formation of an annoying complication. I can account for the expulsion of these little stones in the manner described in no other way than on the supposition that the pessary formerly worn, had by its pressure so far occluded the urethra as to prohibit their passage through it, and they became lodged in some of the mucous folds in the prostate gland, and by their presence excited an ulcerative process, and were discharged as before detailed.

Several lessons may be learned from this case, the first of which is, That a medical man should keep sober. Secondly, the necessity of a careful and thorough examination and analysis of any given train of symptoms if we would realize the highest aim of our calling, namely: the conferring the greatest amount of benefit in the least possible time; and thirdly, that quacks in the profession, as well as out of it, frequently overshoot the mark in their efforts to acquire notoriety.

Some may regard the injection of the bladder with so strong a caustic solution as heroic, and unjustifiable, but I am satisfied it can do no harm in chronic cystitis, and is really the shortest road to a permanent cure.

It is true that we were formerly taught that strong injections should not be made into the vesical reservoir, but from experiments made by myself, of injecting the bladders of certain animals with caustic solutions, it is certain that the tolerance for such injections is much greater, and the disturbance from them much less, than is generally supposed.

Remarks on the Treatment of Diffuse Abscess; with a Case.

By R. F. SMITH, M. D., HAINESVILLE, MO.

On the 28th of October last my partner, Dr. J. C. Bernard, was called to see James C. R., æt fifteen, previously healthy, presenting some marks of a strumous diathesis, but no family taint could be found. He was suffering from an attack of ordinary remittent fever; also from teno-synovitis, result-

ing from a strain received two weeks previously, and affecting the hamstrings of the left leg; pain was referred to the middle of the popliteal space, which now, and for several days succeeding, was quite severe, then subsided, and no pain was felt except on moving the extremity, which assumed a semi-flexed position and remained so.

The fever ran an ordinary course, and terminated in about fifteen days; but the trouble in the extremity, which at first presented the phenomena of acute inflammation, and had been treated with antiphlogistics, then began to assume a chronic character—to become the "cold inflammation" of the German pathologists. On November 17th, feeling indistinct fluctuation, I passed the exploring trocar to satisfy myself of the existence of fluid, and found a fluid of a sero-sanguinolent character; my needle in passing through the adipose tissue had let out a little fatty matter, and this mingling with the fluid prevented me from determining with my small microscope whether or not pus cells were present: if so, there were very few at that time. I was in favor of evacuating the fluid at once, but on account of the proximity to the knee-joint, Dr. B. thought best to defer it till more urgent necessity therefor existed. After reflection I concurred in his opinion, and we concluded to wait a few days.

In the meantime I wrote my friend, Dr. E. W. Schaffner, the details of the case, asking his opinion, and in reply he informed me of a somewhat similar case treated by himself and Dr. Ph. Humpert, which they visited twice with the intention of evacuating the fluid, but on each occasion deferred it on account of the violent opposition of the patient and her friends.

The abscess, in their case, was on the inner aspect of the thigh, at its middle third; was quite large, diffuse and deep-seated. Fluctuation was undoubted, and they were resolved to evacuate the contents, but could not obtain permission so to do. Under the use of various external applications and a supporting treatment, the abscess or tumor gradually diminished and finally disappeared, the patient very naturally giving the credit of the cure to the last old woman's box of salve that she used, after the doctors left her.

On hearing the report of this case we determined to postpone making an incision,

and accordingly we applied tr. iodini sat. over the part, continuing at the same time the tonic treatment instituted on the abatement of the fever. This course was pursued for ten days without satisfactory results. The amount of fluid in the limb was increasing, the connective tissue was becoming infiltrated, and being satisfied that further delay was dangerous, we made, on November 28th, a free incision on the inner aspect of the thigh, two inches or more above the knee-joint, and through the belly of the vastus internus muscle. The fluid gushed out in a large stream, saturating all the sponges and cloths at hand, besides more than a pint collected in a vessel. It was mostly of the character represented above, containing large flakes of lymph, curdy pus and connective-tissue debris. Knowing from the amount of fluid discharged that we had opened to atmospheric influences a very extensive cavity, which must close, if at all, by suppurative inflammation, our anxiety for the patient was materially increased; purulent infection and exhaustive pyemia might rapidly supervene to carry off this bright and promising youth. Our course, however, was plainly to support the patient, cleanse the cavity and promote granulation; but it was not until December 9th that I discovered the extent of the cavity. On that day I found pus as high up as the attachment of the gluteus maximus, while for several days previously I had obtained large quantities from the inner aspect and flabby portion among the bellies of the adductors, biceps, etc.; this I found to be a very convenient receptaculum puris.

We were now administering pil. iodoform et ferri, one three times a day; quinia sulph. grs. v, four times a day; and as much brandy as the patient would take. The appetite was very poor, and continued so, until at last he would eat nothing but oranges, and for three or four days I almost despaired. Frequently he had chilly sensations, particularly along the spine, attended with a sudden rise of temperature—one day as high as $105\frac{1}{2}^{\circ}$ —followed in a short time by a slight perspiration. I feared pyemia had now set in. These phenomena continued three days. I stimulated boldly; made him eat as many oranges as I could, and drink lemonade, and substituted tr. ferri chlor., gtt. xv, three times a day, for

the pil. iodoform et ferri, which now produced nausea; injected the cavity, previously well cleansed with tepid water, first with sol. acid carbolici, grs. v-viii, aquae, $\mathfrak{z}\text{i}$; finding this did not remove the fetor, I used potassæ permanganat, $\mathfrak{z}\text{i}$, aquae, $\mathcal{O}\text{i}$, filling the cavity therewith daily, and forcing it out by means of bandages applied from below the knee upward to the opening, and a spica bandage around the hip and down the thigh, thus bringing the walls of the abscess together. Under this treatment he seemed to get no worse, and on December 14th I noticed a slight improvement; his appetite was better, and I got him to take some solid food. From this time the most nutritious diet was given him, and he continued to improve. I had to enlarge the opening several times to give free exit to the pus, and once or twice thought I should have to make a counter opening, but got along without it.

On December 27th hemorrhage took place from the opening, from the rupture of a small artery, and he lost about sixteen to twenty ounces of blood before I could reach him, when I promptly checked it by the application of a pledget of cotton saturated with liq. ferri persulph. This weakened him very much for a few days, and retarded his recovery.

January 5th I injected the cavity last, and it closed in a few days after. By the 15th he was able, with some assistance, to walk on crutches. Extension of the limb is slightly impaired, and the parts invaded by the abscess somewhat indurated, but by moderate exercise it will continue to improve and he will have a useful limb.

The only question worthy of particular attention is in regard to the evacuation of the fluid. By what means shall we know positively when to apply the knife in such cases? We had in our case a large quantity of fluid, though probably no larger than in the case of Drs. S. and H. It was not in close proximity to any vital organs that might be endangered by the pressure or infiltration. It is true we had a better prospect for drainage, but with the assurance that the admission of air into such a large cavity would produce most extensive suppuration; that the danger of pyemia, thrombosis and embolism would thereby be materially increased, and with the possibility of producing absorption by local applications, as evidenced in the case

alluded to, I feel satisfied that it was prudent, at least while the amount of fluid was yet comparatively small, to "hasten slowly"; and when we found no good resulting from this mode of treatment, to evacuate with a *free incision* as the only alternative. I say with a free incision, because I am satisfied that the aspirators recently introduced by Dieulafoy and others will not remove the debris, etc., that will be found in such cavities. I have seen the needle of the instrument of Dieulafoy plugged up by flakes of lymph, in an attempt to perform paracentesis thoracis after pleuritis, and it is very obvious that the ordinary canula and trocar could not be applied to such cases.

In conclusion I will say that he who has gone through the tedium of cleansing and dressing one of these extensive abscesses will most assuredly wish that all such cases might terminate as did the one alluded to. I therefore think we should not be too hasty in our determination to use the knife; we should also be very sure we do not delay it too long.

Selections.

On the Means Employed at the Preston Retreat for the Prevention and Treatment of Puerperal Diseases.

By WILLIAM GOODELL, M. D.,

Physician in-Charge of the Preston Retreat, Clinical Professor of Diseases of Women and Children in the Hospital of the University of Pennsylvania, etc.

(Concluded.)

In a previous communication I stated the means adopted at the Preston Retreat for the prevention and treatment of puerperal diseases. I now purpose to give my reasons for such of them as need some explanation.

But few words are needed to explain why the ordinary chamber-pots are used, and why patients are made, once or twice a day after the first, to get out of bed and slip into a chair. The presence of putrescent fluids in the utero-vaginal tract is recognized by all writers as the great cause of the autogenetic variety of puerperal disorders. But the recumbent posture of itself necessarily tends to retain these poisonous discharges in contact with the traumatic lesions of labor. These discharges may also be partly imprisoned in the vagina through the swollen condition of the more external soft parts, or partly corked up in the uterine cavity by the presence in the cervical canal of a putrid

clot. In such cases detergent vaginal injections are highly recommended. But clinically they will be found of limited value; for they cannot reach high enough, and do not ordinarily dislodge a large clot even when situated low down. True intra-uterine injections are not open to one of these objections; but apart from their being attended at best with some degree of hazard to the patient, the operation is too delicate a one to be entrusted to a nurse. Besides, in hospital practice the nozzle of a syringe—to say nothing of the fingers of a nurse—is, I fear, so often one of the vehicles for the transmission of virus, as to make this means of disinfection of doubtful propriety. In a local outbreak of fever, especially of the diphtheritic form, I should, however, suggest the use, immediately after labor, of vaginal injections containing the nitrate of silver or the persulphate of iron, in quantities large enough to sear over the traumatic lesions of labor. Such injections I have had no occasion to try, but they ought to inhibit active absorption and promote healthy granulation.

While seeking a substitute for the syringe, my attention was directed to the fact that the act of sitting on the ordinary chamber-pot often forced out putrid shreds or fetid clots, which had not been washed away by vaginal injections. This led me to discard, except in cases of positive illness, the use of bed-pans or any other utensil—such as urinals—which can be used by a woman when lying on her back. Shortly after making this change, I found that, for like reasons, some shrewd and very practical writers of the last and present century, urged an early departure from the recumbent posture. Further; a residence of some years in the East had taught me that oriental women, at least, can with impunity get up and be about a few hours after delivery. Influenced by these facts, I decided, cautiously at first, to introduce into the wards of the Retreat, a system of puerperal gymnastics, consisting in no restraint whatever as regards the position in bed, and in the daily release from an irksome confinement. I was much pleased to find that the muscular exertion needed for these movements, so far from inducing hemorrhage, excited the womb to contraction, and emptied it and the vagina of their putrid contents. I can testify that whenever the lochia are offensive, these upright positions, repeated several times a day, are excellent deodorants, better in fact than any detergent vaginal injections. There is yet another advantage gained by this plan: it affords, in hospital practice, an excellent opportunity for bundling the bed and bedding out of the ward, and giving them a much needed airing. In a crowded hospital ward the hygienic importance of such repeated disinfection can hardly be overestimated. At the risk of being called an enthusiast, I will go a step further, and hazard the assertion that there is a form of puerperal septicemia not necessarily accom-

panied by putrid lochia—at least not appreciably so—but indicated by high temperature, rapid pulse, complete anorexia, heavy sweats, and, later, by herpes labialis, which stubbornly resists treatment until the patient is made to get out of bed. This I have seen often enough, after keeping a woman on her back for some pelvic disturbance, to prevent any mistake as to the relation of cause and effect.

Lying-in women are encouraged to get up for good when they feel so disposed, because there are, to my mind, strong objections to the rigorous maintenance of the recumbent posture. Labor is, in general, a strictly physiological process, and there can be no sound reason why it should be made to wear the livery of disease. Nature teaches this very plainly, for most women wish to get up long before their physicians are willing to let them. The fact of a woman's wishing to get up is to me a very good reason why she should get up. In the second place: few physicians will deny that nothing so relaxes the tone of muscular fibre as a close confinement in bed. In my experience a woman ordinarily feels stronger on the fifth day than she does on the ninth, if rigorously kept under quilts and blankets. Once more: the upright position not only excites the womb to contract, but, by distributing the blood and equalizing the circulation, it actually lessens the amount of the lochia and shortens their duration. On the other hand, the dorsal decubitus keeps up a passive congestion of the womb as a whole, the engorgement of the greatly hypertrophied placental site, and a blood-stasis in the now thickened posterior wall—all important factors in hindering the process of involution. Again: uterine diseases are hardly known among nations whose women early leave their beds. From passages in the writings of the classics, it is evident that among the ancient Greeks and Romans, those models of physical strength and beauty, the women arose and even bathed in a running stream, very shortly after delivery; in some cases on the very day. Finally: what is sounder than all theory, a sufficiently long and well-sifted experience has proved to me that, by such a treatment, convalescence is rendered far more prompt and sure. At this result, very unexpected to the multiparous patients of the Retreat, they are constantly expressing their surprise.

The arguments against the customary purge on the second or third day are to my mind very sound. * * *

* * * Were my readers to go over their cases of puerperal fever or of other puerperal diseases, I think that they will find some of them dating from the day on which a purge had begun to act. Is it not more than a mere coincidence that these diseases attack a woman on the third or the fourth day, viz., the day of or following the administration of the customary purge?

Three instances of puerperal peritonitis, two of them ending in death, have come to my knowledge, which were referable as plainly as could be to purgation. In one, the lady was slowly but surely mending from the effects of a severe instrumental delivery. For some reason or other she took, in the third week, an ordinary dose of citrate of magnesia. This violently purged her, and at once brought on a fatal attack of fever. In the other two the patients could not have been doing better, until they got a dose of castor oil, which was given for no other reason than that the authors of our text-books were haunted by the bug-bear of "milk-fever." Did space permit, I should like to show that this opinion is not shared by myself alone; that cases of phlemasia dolens have been traced to the effects of a purge, and that the use of aperients during an epidemic of puerperal fever has been strongly condemned.

Quinia is given without stint, because, apart from its well known tonic and antiperiodic properties, it possesses others which make it, above all remedies, the one best suited for puerperal disorders. By lowering high temperature it retards the oxidation of tissue, and hinders the formation of fibrinous concretions. By shortening the excursions of uterine fibres in their alternate contractions and expansions, it lessens the diastolic engorgement of the womb, diminishes the calibre of uterine blood vessels, and thereby tends to keep their protective coagula from becoming loose and soluble. By contracting the placental site it proportionally limits that area of absorption. By constringing the coats of the capillaries, and by its inhibitory power over the migration of colorless blood-corpuscles, it either arrests suppurative inflammation or restrains its violence. Finally, it seems to exert a positive curative action on the blood in cases of putrid or purulent absorption. Clinically, I have found nothing comparable to quinia as well as a prophylactic against puerperal disorders, as a remedy for them. But it must be given early, frequently, in large doses, and pushed to a high grade of cinchonism.

Ergot is a very untrustworthy oxytocic. One never can tell beforehand whether it will behave kindly, or run a muck. It is, therefore no favorite with me. The vectis and the forceps being under perfect control, are far better oxytocics; their aid is therefore often invoked, in order to save a woman's strength, and to avoid that laxness of uterine fibre following a long and weary labor. Ergot is, however, given as the head is about to emerge, in order to lessen the chances of a flooding or of unruly after-pains, and to aid the process of involution by condensing the uterine globe to its minimum size. For an analogous reason I feel persuaded that Crede's method of placental delivery provokes to a more complete involution. It certainly empties the womb of all

clots, and squeezes it down to its smallest capacity.

The prolonged use of the binder is given up for reasons which have been published in this Journal (April, 1874, p. 8). I shall therefore not repeat them. I wish, however, here to state that even its brief use during the first few hours after labor, is not held by me as a cardinal point. I begin to have grave doubts whether it is of any value whatever in the prevention of hemorrhage. On the score of utterly abandoning it I am quite open to conviction.

So much for the reasons on which the foregoing measures are based. Let me now give the results. Up to date there have been 756 cases of delivery, with six deaths. The following are the order and the number of the fatal cases, as copied from the Case-Book :

- No. 22. Concealed accidental hemorrhage from gravid womb.
 " 208. Puerperal peritonitis.
 " 289. Acute chorea.
 " 360. Caries of petrous portion of the temporal bone
 " 398. Chronic pelvic abscess.
 " 647. Septic pneumonia.

The case of puerperal peritonitis was an isolated one. The woman had been abandoned by her husband, to whom she was devotedly attached. She fretted and brooded over this desertion in so despairing a manner as to make me apprehensive of mania. Three other patients occupied the same ward with her, but they escaped from contagion.

Cases 22, 289 and 360 were deemed by me so exceptional that their histories were reported to the Obstetrical Society of Philadelphia, and afterwards embodied in its Transactions (*Am. Journal of Obstetrics*, vol. ii. p. 236; vol. iii. p. 140; vol. iv. p. 126). Case 398 was that of an old pelvic abscess following a previous labor, viz., an abortion produced by the kick of a drunken husband. During the last week of utero gestation this abscess began to inflame and to cause her so much suffering that very large doses of morphia were needed to control it. Labor very greatly intensified this distress. When the womb was emptied a tumor was found in the left broad ligament, and all the symptoms of localized peritonitis were present. Under appropriate treatment she soon began to mend; but on the fourteenth day she was suddenly seized with violent abdominal pain and fell into a collapse from which she never rallied. An autopsy, made by my friend the editor of this Journal, revealed an old pelvic abscess, which had burst into the cavity of the abdomen. This case, it seems to me, cannot fairly be attributed to a septic cause, but to the ante-partum recrudescence of an old lesion. Case 647 is one of doubt in my mind. There were no appreciable pelvic or abdominal lesions; and yet, in default of an autopsy, which was not permitted by her friends, I think it fairer to attribute the

pneumonia to blood-poisoning rather than to a non-septic cause.

To sum up, then : out of 756 cases of labor there have been

- 2 deaths from septic causes,
 1 death from the bursting of an old abscess,
 1 death from hemorrhage,
 2 deaths from non-puerperal diseases.

Since nothing is so fallacious as statistics, even when based on large averages, it is with much diffidence that I offer the above meagre data. They may not sustain my views; but they will, I hope, show that lying-in women can be gainfully treated in a manner less artificial than is customary, and more in accordance with the maxim *natura duce*.

One word more: For many reasons the statistics of a lying-in hospital can never compete with those of private practice. Of these I shall adduce but two. In the first place, the former are more trustworthy, for physicians very naturally shrink from reporting their fatal midwifery cases as such, I have known a death from post-partum hemorrhage returned as one from "anæmia," and another from puerperal albuminuria as a case of "pneumonia"—edema of the lungs being present; whilst fatal cases of puerperal septicæmia are constantly being certified to under the heading of some prominent symptom which tells no tale, such as "peritonitis," "pleuritis," or "pneumonia." For instance, during a period of eight weeks of this year I was asked to see eight cases of puerperal fever—four of them from one Sunday to another. Of these all but one proved fatal. During the same time I casually became cognizant of seven other fatal cases. Now during these eight weeks I studied with much interest the weekly returns of the Board of Health, and found there reported just twelve deaths from "puerperal fever." There were, however, also reported, eleven deaths from "inflammation of the peritoneum," one death from "child bed," and one each from "septicæmia" and "pyæmia." Comment on the above is unnecessary; the figures speak for themselves.

In the second place, physicians naturally shirk the worry and anxiety, the delay and trouble incident to difficult labors in their private practice, especially when such occur in a class from which they can expect no adequate remuneration. A hospital thus becomes the Cave of Adullum for all these abandoned cases. For instance: out of the six fatal cases which I have reported from the Case-Book of the Retreat, the one of chorea and that of hemorrhage were sent to the institution by the family physician—the former on account of her being unmanageable at home; the latter because her labors were growing more and more difficult from exostosis. The two epileptics* adverted to,

* I am not aware that epilepsy predisposes to puerperal eclampsia—at least I have not found it to do so. But many physicians look upon it as a dangerous complication in labor.

two distressing cases of phthisis and valvular disease of the heart, and many of difficult labor in multiparæ come under the same category. There are at present in the building two women not yet delivered, who were sent there by their respective medical attendants. The one is an epileptic primipara; the other a secundipara with a vesico-vaginal fistula—the result of craniotomy in her previous delivery. It is thus that the death rates of lying-in hospitals show to disadvantage beside those of private practice.—*Obstet. Jour. Gl. Rt. and Ireland.*

Dr. J. Marion Sims on Chloroform in Labor.

The following is an extract from a paper read by Dr. Sims before the late meeting of the British Medical Association at Norwich, England. In the previous portions of the paper the author cites and defends the views long taught by Nelaton that death from chloroform is due to syncope, or cerebral anæmia. He also narrates, in the most graphic manner, two cases of apparent death from chloroform, in which the patient was resuscitated by being inverted and held with her head down. This is the same method advocated about a year ago by Dr. Schuppert, in the New Orleans Med. and Surg. Journal, but it appears that it had long since been discovered and publicly taught by Nelaton, in Paris.

As the facts now laid before you fully explain themselves, it is unnecessary for me to indulge in any lengthened remarks on the subject. In my own country, the accoucheurs often use chloroform, and surgeons mostly use ether. I believe there has not as yet been a single death from chloroform given during labor; while deaths from it in general surgery occur constantly, and for unimportant operations. There must be a reason for this. I believe it can be explained only on the theory that death from chloroform is, as a rule, due to syncope or anæmia. Now, we know that in active labor there can be no cerebral anæmia, for every pain throws the blood violently to the head producing fullness and congestion of the blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition. It may be said that the recumbent position has some influence in determining the safety of chloroform in labor; and so it has, but it gives no immunity under other circumstances. Chloroform, given intermittently, as in labor, is thought to be less dangerous; but patients in labor are often kept for hours under its influence with safety, and occasionally it is necessary to produce complete and profound narcosis in some obstetrical operations; and yet, I believe, I can safely reiterate what I have already said, that no woman has as yet died in labor from the effects of this anæsthetic. In puerperal convulsions, where the brain is

believed to be overcharged with blood—and that, too, when the blood is known to be poisoned with urea—we formerly bled the patient, and we do so now sometimes; but our chief remedy is chloroform, which acts by arresting spasmodic movements, and by producing that very state of cerebral anæmia so necessary to a successful result. Whether puerperal convulsions are less frequent in labors under chloroform than in those without it, I do not know.

I believe that obstetricians may take a lesson from Nelaton's method of resuscitation, by adopting it in cases of threatened death from *post partum* hemorrhage. Let us not be satisfied with simply placing the head low; but let us, in addition to the means usually adopted, invert the body, and throw what little blood there is left in it wholly to the brain. I have never seen a death from uterine hemorrhage; but from recollections of the few alarming cases I have witnessed, I now feel sure that recovery might have been hastened if I had known and adopted Nelaton's method of inversion.

Whether death is due to cerebral anæmia or not, it is at least safe to adopt Nelaton's method in all cases of supposed or threatened danger; but I think the safest plan is to relinquish the use of chloroform altogether, except in obstetrics. The frequent cases of death from the use of chloroform in surgical operations that have occurred amongst us, even of late, should warn us to give up this dangerous agent, if we can find another that is as efficient, and, at the same time, free from danger. Ether fulfils the indications to a remarkable degree; but, while it is safe, it is unfortunately unpleasant to the physician and bystanders, as well as to the patient. He who will give us an anæsthetic as pleasant to take as chloroform and as safe to take as ether, will confer the greatest boon upon science and humanity.—*Brit. Med. Journal.*

Belladonna in Spasmodic Asthma.

By GEORGE C. WOOD M. D.

The communication in the *Philadelphia Medical Times* for August 29, on "Chloral Hydrate and Bromide of Potassium in Spasmodic Asthma," by Dr. Julio J. Lamadrid, has led me to offer my experience with belladonna in the same disease. Being located in a neighborhood where spasmodic asthma abounds plentifully in the autumn, I have had a fine opportunity for testing the value of the various remedies recommended for its treatment. Of all tried, which includes the hydrate of chloral and bromide of potassium, of whose use in spasmodic asthma in this country Dr. Lamadrid claims priority, I greatly prefer belladonna. It is only when belladonna, after a good trial, proves to be contra-indicated, for reasons I shall hereafter state, that I make use of chloral; then I consider it the next most available remedy. Bromide of potassium has failed to produce much effect in the cases where I have tried

it, either in conjunction with chloral or alone.

Belladonna, by actual experiments on animals, has been found to dilate the bronchial tubes, and keeps them dilated so long as the animal remains under the influence of the drug. And, further, this dilatation persists notwithstanding irritants be employed for the purpose of making them contract. These experiments very satisfactorily account for the medicinal action of belladonna in the treatment of spasmodic asthma.

The pathology of the disease teaches us "that it is owing to a spasmodic constriction of the smaller bronchial tubes, by tonic contraction of their involuntary muscular fibres."

Belladonna, then, acts simply by relieving this constriction of the bronchial tubes.

To get the good effects of belladonna in asthma, it must be given in heroic doses. I usually employ the tincture of the United States Pharmacopoeia, in doses ranging from twenty to sixty drops. The strength of the tincture differs so much, as commonly kept in the shops, that the size of the dose must be lost sight of, and the quantity given be regulated by the effect produced. It may be given during the paroxysm with great advantage, but it acts best when given before the attack commences. For example, if the patient has nocturnal attacks coming on after midnight, as is usual, give him a dose just before going to bed, and repeat it if necessary to produce sound sleep. He falls to awake at the usual time for the attack to commence, and sleeps on, awakening in the morning very much refreshed and strengthened. This treatment may be repeated night after night, until sufficient time has been had to remove the tendency of the disease to return, either by changing his location or adopting other requisite treatment, as the case may call for. I could relate several cases to prove the above statements, but will have to omit them for want of space.

Sometimes, but not often, belladonna produces dryness of the fauces, and delirium. These are indications which show that it should be discontinued and hydrate of chloral should be employed in its stead. It may be used on the same principles as belladonna to produce sleep and thus ward off attacks. For the past two years I have been treating spasmodic asthma on these principles, and with most satisfactory results; yet I do not claim any originality in their conception: they are simply hints gathered from many sources, their value being well proven, to my mind, by experience.—*Phila. Med. Times.*

Treatment of Varices by Local Application of Perchloride of Iron.

Dr. Linon, of Verviers, has used perchloride of iron locally, with great success, during the past three years, in the treatment of varices. The strength of the solution is about two and a half drachms to eight ounces

of water. Compresses of flannel are steeped in the water, then wrung out, and applied by means of a flannel bandage, which is only to be moderately tightened. This application is to be kept on twenty-four hours, and on removing it the surgeon will be much surprised to find that the venous dilations have almost entirely disappeared. The applications are to be renewed as above during seven or eight days successively, after which time the bandage is to be kept on without any further wetting, till it becomes loose. It is to be then wetted with the solution again, and applied until the varices have disappeared, which generally takes place after eight days or a fortnight, according to the size of the swelling. These simple means have removed in a few days enormous varices, accompanied by violent pain, with dark spots on the surface, and have restored to the patients the use of their limbs. By the unsuccessful application of dry bandages only, Dr. Linon has been able to show that it is not compression, but really the local action of the iron which is efficacious. The local action of thermal waters containing magnesia, on the skin, is similar to the perchloride. Thus at Luxeuil, patients affected with varices derive great benefit from the Benedictine pond.—*The Lancet.*

Medical Journal.

E. W. SCHAUFFLER, M. D., } Editors.
D. R. PORTER, M. D., }

Kansas City, Mo., OCT., 1874.

PIRACY.

There be land-rats and water-rats, water-thieves and land-thieves; I mean pirates: *Merchant of Venice*

Good name, in man and woman, dear my lord,
Is the immediate jewel of their souls;
Who steals my purse, steals trash:—
But he that filches from me my good name,
Robs me of that which not enriches him
And makes me poor indeed. *Othello.*

In this year of grace and of grasshoppers, the estimate which the Bard places upon the value of his purse touches a sympathetic cord in the bosom of many an honest practitioner of medicine, along this Western border. None the less, but so much the more reason, therefore, why they should jealously guard that good name which ought to be reckoned by every one as among his most valued treasures and as a priceless legacy to be handed down to his children.

We are moved to these reflections, at this time, because it appears that the pressure of an unusually healthy year and an uncommonly stringent money-market is driving a

good many, hitherto reputable, practitioners either into unblushing quackery or into practices that border on the illegitimate.

To those of the first class, we have nothing to say; they have made their bed, and they will lie in it, in every sense of the term. The latter class we would fain reach, if possible, with a word of friendly warning; urging them, as they value their self-respect and their peace of mind, to hold on to the traditions of their honorable profession, keeping as far as possible from the chasm of charlatanism, rather than driving as near as they dare to its treacherous brink.

Among the things most to be deplored and reprehended in the conduct of those men who have concluded, in whole or in part, to turn their backs upon the legitimate practice of medicine, is the unauthorized and unscrupulous manner in which they will often use the names of their late associates, as referees, etc. It is hard to see how an honorable man can do this, knowing, as he must, what damage it may bring to the very men on whose reputation he thus hopes to build himself up, and whose good name he uses as a mantle to cover the multitude of his sins.

An aggravated instance of this sort, has recently occurred in our very midst, of which, however, we will make no more specific mention.

The senior editor of this JOURNAL has also been the victim of a similar fate at the hands of a gentleman who is endeavoring, by means of postal cards, to introduce himself to the citizens of Atchison and vicinity. This gentleman's card is by no means outrageous in its wording, but it is, in our opinion, clearly a violation of the Code of Ethics of the American Medical Association.

The unfortunate referee in question was never asked for permission to use his name; nay, more than that, he took issue with the Atchison doctor, two years ago, on the legitimacy of a less objectionable visiting, or business card which that gentleman was then carrying. So that the would-be surgeon and gynecologist of Atchison knew very well what were our views on this subject, and, in spite of that, used a name that he was not authorized to use, and the bearer of which had deserved no such ill-treatment at his hands.

How long this has been going on, we do

not know, nor how many of our friends have seen the Dr.'s postal card; but we here and now most emphatically repudiate and condemn all such means of courting practice.

We never have and never shall give any one permission to refer to us, as his endorser, on any medical circular, card or hand-bill, and if any man uses our name, in spite of us, and we are asked for an opinion of him, that opinion will be forthcoming in a manner surprising to the inquirer and not altogether gratifying to the borrower of our name.

E. W. S.

The Kansas City District Medical Society.

In the September number of the JOURNAL it was stated that a call would soon be issued for a meeting to organize a District Medical Society.

Such a call was issued, signed by one or more physicians respectively from the counties of Platte, Clay, Ray, Jackson and Cass, and in response thereto a goodly number of representatives from each of these counties excepting Ray, assembled in this city on Tuesday, Sept. 29th, and accomplished the object proposed.

Special honor is due to Clay county for the large delegation which it sent to this meeting.

The entire day was consumed in perfecting a permanent organization, much debate being had on some questions connected with the Constitution and By-Laws proposed for adoption, which were all, however, satisfactorily settled at last. Dr. F. M. Johnson of Platte City, served as chairman during the day, and gave general satisfaction by his able and courteous manner of presiding over the meeting.

Dr. J. M. Allen, of Liberty, was elected President for the ensuing year. Dr. A. O'Connor, of Pleasant Hill, Vice President, and Dr. E. W. Schauffler, of Kansas City, Secretary. It was determined that the meetings should be held quarterly and Kansas City was designated as the place of meeting. This last action, as well as the naming of the Society, was accomplished by the votes of members from other counties, members of the profession in Kansas City rather declining the honor of the name, and expressing their entire willingness to do their share of the travelling and attending meetings away from home.

The Society will meet again on the first Wednesday in December, on which occasion Essays may be expected from Drs. Abbott of Cass, A. L. Chapman of Jackson, J. T. Marsh of Clay and J. T. Wilson of Platte.

The inauguration of this enterprise has been attended with a degree of success beyond the hopes, even, of its most sanguine promoters.

The number of gentlemen present from the surrounding counties was most creditable. The Society begins its existence with forty-seven names on the roll, only about half of whom are residents of Kansas City, and it is certain that when Ray county sends in her delegation and the rest of Jackson county wakes up to an appreciation of its privileges, Kansas City men will be in the minority, as they should be.

Let this Society sternly frown down all attempts at the ventilation of personal grievances, or the righting of local wrongs, in its meetings; let it devote itself to the study and discussion of purely medical and scientific questions, and its value and success are assured beyond a peradventure.

Reviews.

A TREATISE ON THERAPEUTICS; comprising Materia Medica and Toxicology, with especial reference to the Application of the Physiological Action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M. D. 8vo., pp. 378. Philadelphia: J. B. Lippincott & Co. 1874.

At the present time, when there are so many works of acknowledged worth extant upon these subjects, it might seem almost preposterous for any one to publish a new treatise on Therapeutics and Materia Medica.

It is true that some of the recent publications appear to be nothing more than a rehearsal of old ideas and theories; but one has only to read the introduction to this one in order to be convinced of the necessity of a change of views as well as the need for just such a work as this. The bold stand taken by the author in ignoring many of the old notions in regard to the action of certain drugs, which have had reputed to them virtues which they do not possess, is in accordance with what have long been our views. The physiological action of remedies is claimed by the author as the one where study will give the most precise and useful results, though he admits they are imperfect, and is obliged to use the clinical method to complete his plan. The classification of remedies is peculiar, and different from

any we know of. The difficulty of determining on a satisfactory classification of remedies is generally acknowledged, and the author fully concurs in the prevailing complaint. We find a new class formed called Analgesics, to which he has assigned Opium and Cannabis Indica, remedies which produce contraction of the pupil when freely given. To Mydriatics he has assigned Hyoscyamus, Stramonium and Belladonna, remedies which produce dilatation of the pupil. These constitute his chief variations from other authors in the grouping of remedies. Astringents are defined as being those drugs which cause contraction of living tissues. Every living tissue possesses a certain amount of normal contraction, and when it departs from that it may be regarded as relaxed. We are pleased to see that the author regards the efficacy of astringents as dependent almost, if not exclusively, upon their local action.

In his description of nitrate of lead we beg leave to differ with our author where he says that it is not used except as a disinfectant. We know that it is frequently used in ointments for external use.

Cinchona and its alkaloids receive the extensive notice which their importance demands, but no attempt is made to advance any new theory in regard to how quinine produces certain effects which we know it does produce. With regard to its action upon the uterus the author is discreetly non-committal. Phosphorus, which is classed by Geo. B. Wood as an arterial stimulant, and by Prof. Stille as a general stimulant, is here reckoned among the tonics in conformity with the most recent therapeutists. Alcohol is pretty thoroughly discussed by the author, who adopts the conclusions of Boecker and Hammond that it diminishes the excretion of urea and carbonic acid, and therefore prevents waste of tissue by checking retrograde metamorphosis. The nutritive value of alcoholic preparations receives due notice; their usefulness in atonic dyspepsia and pulmonary consumption is recognized. But little attention is given to chronic alcoholism, less than it deserves in view of its importance as compared to other conditions in which the toxicology is fully given. In regard to the oil of turpentine, we find it recommended as a vermifuge for round worms instead of the tape worm. This point we think open to criticism. The author's views in regard to the manner in which Digitalis acts therapeutically are in accordance with the most recent teachings, and at variance with those found in systematic treatises. His theory is that it acts through the vaso-motor centers upon the circulatory system, producing increased tonicity and more forcible action of the heart, together with contraction of the arteries. The action of the heart becomes stronger, and from

resistance produced by contraction of the arteries, slower. The indications given for its use are in accordance with these views.

The antagonism between Opium and Belladonna is not regarded as universal. He does not deny its antidotal value entirely, but thinks that the only benefit derived from atropine in case of Opium-poisoning is due to its stimulating effect on the nervous centers presiding over respiration, it being a well known fact that opium-poisoning is attended by failure of the respiratory process. Brief mention is made of the new remedy, Croton Chloral Hydrate, discovered by Liebreich and it is recommended particularly for facial neuralgia. The important points to be observed in this work in regard to the mercurials are the debatable ones about the mode of absorption of the insoluble preparations and the action of mercury on the liver. The theory adopted is that calomel is decomposed by the alkaline fluids of the duodenum, the mercury undergoing oxidation, then by the aid of the fatty matters present, it is dissolved and absorbed. Diuretics are divisible into three classes—hydragogue diuretics, the refrigerant diuretics, and the stimulating diuretics. These classes run more or less into one another, but are sufficiently distinct for practical purposes. Dr. Wood places Chlorate of Potassa in the class of diuretics, differing from Headland, who calls it a sialagogue, and many other authors who call it an alterative.

The oxytocic and emmenagogue properties reputed to Gossypium by many authors, are entirely ignored, and we are inclined to think justly so, from our own observation of its use. The author's views in regard to carbolic acid are mostly in accordance with other authors. We find in this work an appendix containing tables converting the French decimal system of weights and measures into the denominations used in this country. The volume closes with a good index to *Materia Medica*.

In closing our remarks in regard to this valuable addition to Therapeutics, *Materia Medica* and Toxicology, we may safely say that one has only to read the work to be convinced that the author is sincere in what he says in the preface, that he has been induced to write it for no other reason than the need he felt for a work on this subject which should break loose from the old routine of many years past. No one can read it without admiring the boldness and candor of the writer, and we can say safely to our readers, no matter how many works of different authors you may have, you cannot afford to be without this one. Time and labor will be saved in getting the information you want in a succinct and condensed form, told in such a plain, decided manner as to indelibly impress every idea upon the mind of

the reader. In our opinion it is the best work on Therapeutics that has ever been given to the English reading public. P.

BOOKS RECEIVED.

NOMENCLATURE OF DISEASES, prepared for the use of the Medical officers of the United States Marine-Hospital Service. By the Supervising Surgeon (John M. Woodworth, M. D.) Washington: Government Printing Office, 1871.

SURGICAL EMERGENCIES: together with the Emergencies attending on Parturition and the treatment of Poisoning. By Wm. Paul Swain, F. R. C. S., Philadelphia: Lindsay & Blakiston. 1874.

ESSENTIALS OF PRINCIPLES AND PRACTICE OF MEDICINE. A Hand-book for Students and Practitioners. By Henry Harshtorne, A. M. M. D. 4th Edition. Philadelphia: Henry C. Lea. 1874.

A TREATISE ON THE DISEASES OF WOMEN. By T. Gaillard Thomas, M. D., etc., etc. 4th Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1874.

THE COMPLETE HAND-BOOK OF OBSTETRIC SURGERY. By Charles Clay, M. D. From the 3d London Edition. Philadelphia: Lindsay & Blakiston. 1874.

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I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ANDRISON, M. D. Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FANT, M. D., Perry, Iowa.

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Extract from letter of JAMES A. DAVIS, M. D., Lebanon, N. H.—“My own experience of its efficacy satisfies me that, the Iodo-Bromide of Calcium Comp., is as much a “specific” as quinine is in intermittent fever. In a case of chronic eczema occurring in a young lady, 23 years of age, which had baffled the highest medical skill for several years, I found it to effect a complete cure, within six weeks. A similar affection developed in a child still young, was properly arrested by it, and in my own case I have fully tested its efficacy.”

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